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PTO/SBOS (De-CO)
Approved for use through 7/21/2006, ONE 0851-2002
U.S. Patient and Trademark Office; U.S. OFFARTHER!T OF COMMERCE
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ŀ	Substitute for Form PTO-875										173	157/21/17		
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L	FOR		NUM	NUMBER FRED		HUNGER EXTRA		7	RATE	FEE	7	0.5	T	
Ŀ	BASIC FEE D7 CFR 1,16(1))									1,	┥	RATE	FEE	
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П	MOEPENDENT C 37 CFR 1.18(b))	LAMS	minus 3 t					\dashv		 	┥ ፟	<u>^:</u> :	 	
_	MULTIPLE DEPENDENT CLAMPRESENT (37 CFR 1,1660)								X3	'	-	* *	 	
Г	"If the difference in column 1 is less than zero, enter '0' in column 2.								+1	+	- °*	+5	 	
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É	(2) CHR Listing	3	<u>- 1</u>	Minus	" 3		7	Γ,	5=		OR	X3=		
₹	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAM (37 OF 1, 10kg)								OR					
						Ţ	OTAL DOLAGE			TOTAL				
:	If the entry is so If the "Highest N	lumn 1 is te: lumber Pre-	es than t	ne entry i	in column 2	wite 1	O' in column 3				OR	ADDI FEE		
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is officially in process, an application for the one-picture of the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form arriver suggestions for reducing this bundon, should be exist to the Chief Information Officer, U.S. Petert and Tredemark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SERD FIES OR COMPLETED FORMS TO THIS ADDRESS, SERD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.